

Movement of Staff from Critical Care Areas

Claire Horsfield : Quality Improvement Lead Nurse Lancashire & South
Cumbria Critical Care Network & Chair Critical Care Networks –
National Nurse Leads (CC3N)

&

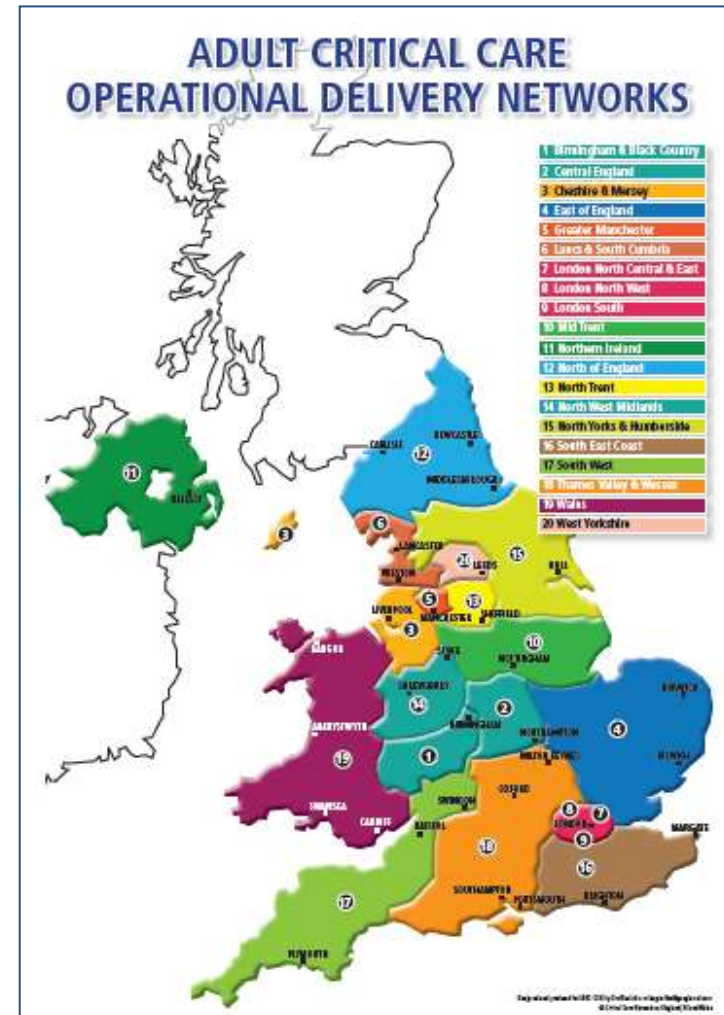
Julie Platten : North of England Network Manager & Deputy Chair
CC3N

What is CC3N?

CC3N is a national forum for Critical Care Network Nurse Leads.

The forum was established for; and functions on behalf of; the Critical Care Operational Delivery Networks (ODNs) of England, Wales and Northern Ireland and their related stakeholder organisations.

Focus: To collaborate and engage with key stakeholders to improve the safety, quality and experience of critical care service users.



Aim:

- To provide an overview of the movement of staff from critical care areas to other areas of the acute hospital

Objectives:

- Identify the rationale for exploring this topic & identify factors influencing staff moves from critical care
- Discuss evidence relating to impact (nursing workforce) and staff well being
- Outline national recommendations for adult critical care staffing
- Identify the extent of the problem.
- Discuss the factors influencing safe decision making & tools to support this.
- Summary and Questions

Nurse in charge:

“Who wants to go and help out on the ward?”



Nurse in charge:



“Who wants to go and help out on the ward?”



Rationale for exploring this topic : Critical Care Nursing Workforce Survey 2017



- **> 12%** of critical care workforce are **over 50 years** old
- There were **1447 (8.3%) vacant registered nursing** posts in critical care units at the time of the survey
- **Highest vacancy %** remains at **band 6** level (9.9%)
- Highest % of vacancies are located in North Central and East London, South East Coast and the South West, with vacancy rates of 9.3 -15.9%
- Annual average staff **turnover >10%** (highest individual unit turnover = 42%)
- Increased number of Critical Care Units seeking to **recruit nurses from overseas** between surveys in 2015 & 2017
- High proportion of staff from abroad (EU & non EU). Some units up to 50%
- Average **sickness 4.9%** (Overall NHS Nursing and Health Visitors = 4.48% -2018-9)

Rationale for exploring this topic :

- Loss of bursary for nurse training
- Brexit.....
- Increased demand for NHS services
- Agency cap & financial pressures
- Plethora of additional roles



 **The RCN** 
@theRCN  

Safe staffing requires a steady supply of nurses – yet since the bursary was axed the number of nursing degree applicants in England has fallen 29%.

Will you join our campaign to #FundOurFuture nurses?

#safestaffingsaveslives #RCNBulletin

An illustration showing two hands holding a blue sign with the text '#FundOurFuture' written on it. In the background, there is a stylized drawing of the Big Ben clock tower and other buildings.

NHS Long Term Plan (Jan 2019)

- Acknowledged workforce challenges
- Commitment to investment
- Increase in nurse training places
- New routes into nursing
- International recruitment expansion
- Increased flexible rostering
- Increased CDP funding

The NHS crisis of caring for staff: what do we need to do?

 [Workforce and skills](#) [Organisational culture](#)

This year's NHS staff survey underlines the ***scale of the workforce crisis*** facing the service with ***only a third of NHS workers feeling that there are enough staff for them to do their job properly***. The service needs to do everything it can to ***retain staff***, so it is deeply worrying that ***stress levels have hit a five-year high***, with 40 per cent reporting work-related stress within the last 12 months


We have to ***significantly improve the workplace environments*** for NHS staff in all trusts. But how?

Humans have ***three core needs*** and it is particularly important these are met in the workplace. They are the needs for ***belonging, competence and autonomy***. When these needs are met in the workplace, people are ***more intrinsically motivated*** and have ***better health and wellbeing***.

More than just numbers.....

- Anecdotal evidence - how staff feel about moving work areas? Fear of the unknown, stress and anxiety
- Inappropriate staffing has clear implications for quality of patient care
- Association between staffing levels and hospital-related mortality, failure to rescue and other patient outcomes
Managing rostering in critical care areas requires the consideration of many factors such as skill mix, staff experience, workload, patient condition, patient flow, staffing costs, support structures, education, team cohesion and the model of care utilized.

<https://www.rcn.org.uk/about-us/policy-briefings/conr-3219>



The screenshot shows the Royal College of Nursing website. At the top left is the RCN logo (two hands, one blue, one red) and the text 'Royal College of Nursing'. The main heading is 'Response to NHS England and NHS Improvement on Implementing The NHS Long Term Plan' in blue, with a subtitle 'Proposals for possible changes to legislation'. Below this is a horizontal bar with colored segments (green, red, purple, blue, orange). The main content area features a quote in blue text: '2.4. At every level of decision-making about the health and social care workforce, from Government through to any local provider, any determination about registered nurse and nursing support staffing must be informed by: legislation, Nursing and Midwifery Council requirements, national, regional and local policy, research evidence, professional guidance, patient numbers, complexity and acuity, the care environment and professional judgement.' The website footer includes the RCN logo, navigation links (Contact, Quick links, Log in, BECOME A MEMBER), a search bar, and a menu (Membership, Employment & Pay, Professional Development, Clinical, Library, Get Involved, Get Help, News & Events, About). A blue banner below the menu contains the quote: 'We need a commitment to accountability for the workforce'. Below the banner, the breadcrumb trail reads: 'You are here: Royal College of Nursing / News and Events / News / We need a commitment to accountability for the workforce'. The date '30 APR 2019' is shown. At the bottom, there are social media links: 'Tweet this page' and 'Share on Facebook'.

Royal College of Nursing

Response to NHS England and NHS Improvement on Implementing The NHS Long Term Plan

Proposals for possible changes to legislation

2.4. At every level of decision-making about the health and social care workforce, from Government through to any local provider, any determination about registered nurse and nursing support staffing must be informed by: legislation, Nursing and Midwifery Council requirements, national, regional and local policy, research evidence, professional guidance, patient numbers, complexity and acuity, the care environment and professional judgement.

Royal College of Nursing

Contact Quick links Log in BECOME A MEMBER

Search

Membership Employment & Pay Professional Development Clinical Library Get Involved Get Help News & Events About

'We need a commitment to accountability for the workforce'

You are here: [Royal College of Nursing](#) / [News and Events](#) / [News](#) / 'We need a commitment to accountability for the workforce'

30 APR 2019

Dame Donna tells Health and Social Care Select Committee that the nurse staffing crisis in England won't be fixed without legislation.

Tweet this page

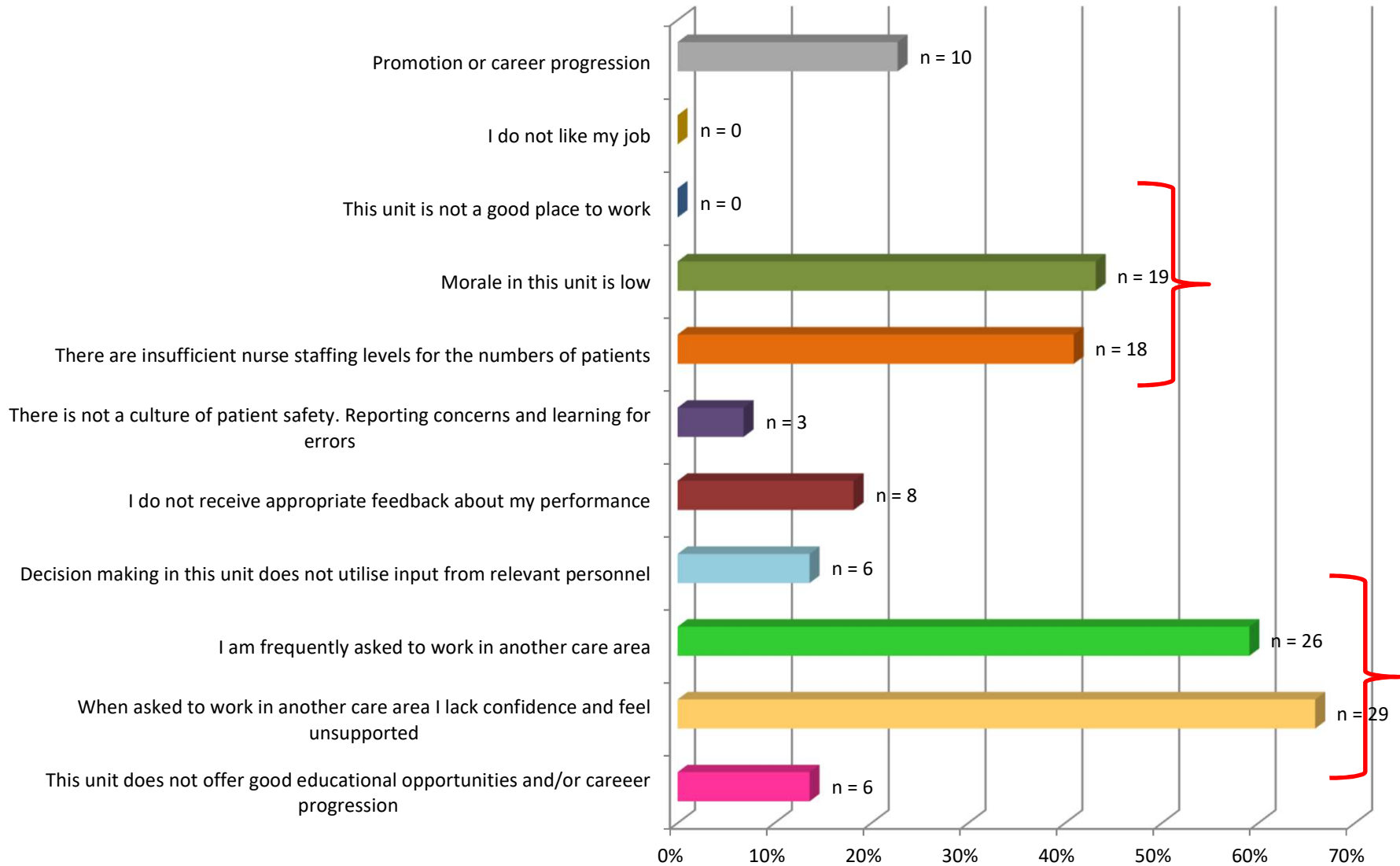
Share on Facebook

Critical Care nurses' intention to continue, or not, in their current critical care role and the indicators of satisfaction and dissatisfaction that underpin this intention

- ***25% of nurses considering leaving critical care (n=98)***

Theme	Examples
Team	poor management structure, lack of leadership, low morale, negative work culture, hierarchy of staff, power struggle, short staff
<i>Critical Care staff moved to another area</i>	<i>constant worry of being moved, increased anxiety, pressure, stress, unsupported by ward staff, not competent outside own clinical area, feel unsafe, battle between management</i>
Opportunities	reduced career progression, lack of education & funding
Experience	reduction of level 3 patients, junior members not valued, newly qualified staff not supported properly, poor work / life balance

Reasons for leaving/considering leaving current role in Critical Care - each respondent selected as many reasons as appropriate



What the staff say.....

“When being moved to alternative wards for however long, I feel that not only is patient safety not being considered but staff safety either. Not only to critical care but to the wards too. You are moved and expected to hand out drugs to patients you know the bare minimum about, discharge patients when you haven't been involved in their care before so anything could happen, there is such a large gap for mistakes and errors in care to be made and it affects staff morale on the unit when it happens”

“(Management) need an understanding of the implications of staff being moved to the ward or other area and recognition of critical care skills / experience,.....treat us like people not numbers”

“Some days you feel well staffed to do your job and then a member of staff gets taken to another area and you struggle to perform to the highest of standards which causes stress, poor morale and exhaustion”

National Registered Nurse Staffing Recommendations for Adult Critical Care



- Nurse : Patient Ratios
- Education
- Supernumerary Coordinator
- Size and layout of unit

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No:	1601
Service	Adult Critical Care
Commissioner Lead	For local completion
Provider Lead	For local completion

1. Scope

1.1 Prescribed Specialised Service
This service specification covers the provision of Adult Critical Care services.

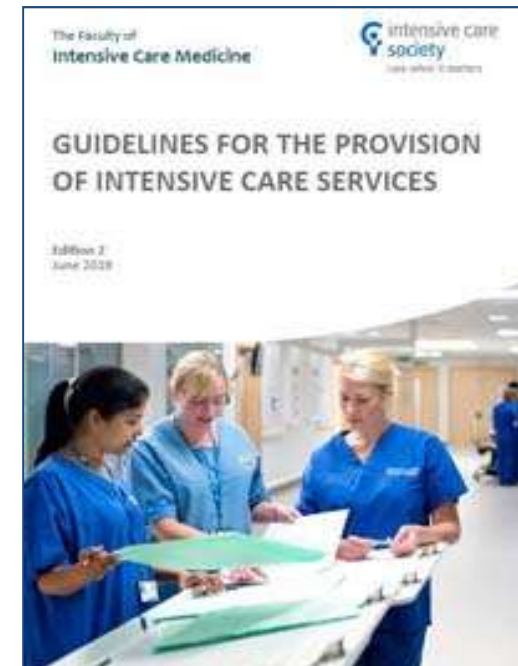
1.2 Description
Adult Critical Care underpins all secondary and specialist adult services. Critical Care incorporates both intensive and high dependency care (ICU+HDU) stand alone or combined. Specifically, this service specification is for adults who have a specialised commissioned pathway which incorporates the need for or availability to Adult Critical Care (level 2 and 3 see 2009 Intensive Care Society: Levels of Care for definition) as a component of their pathway of care.
This specification is not applicable to high care areas provided by specialised services such as Post-Operative Anaesthetic Care Units, Extended Recovery Units, Nephrology, Respiratory or Cardiology.

1.3 How the Service is Differentiated from Services Falling within the Responsibilities of Other Commissioners
Adult critical care services are commissioned by both NHS England and Clinical Commissioning Groups.
The Identification Rules for Prescribed Specialised Services state that any adult critical care period that is linked with a specialist spell is considered specialised and is commissioned by NHS England.

2. Care Pathway and Clinical Dependencies

2.1 Care Pathway
Critical Care services are delivered within discrete locations such as Intensive Care or High Dependency Units, or combined units (where ICU and HDU are co-located). Sometimes these services are dedicated to one speciality e.g. post-cardiac surgery or neurosurgery/neurology, but increasingly services are integrated clinically into a single critical care service.
Minimum standards for Adult Critical Care are consistent across all services irrespective of case-mix. Additional professional standards exist at network and national level and will not be covered in this specification.

1



What is the extent of the problem?

CC3N Staff moves survey 2019



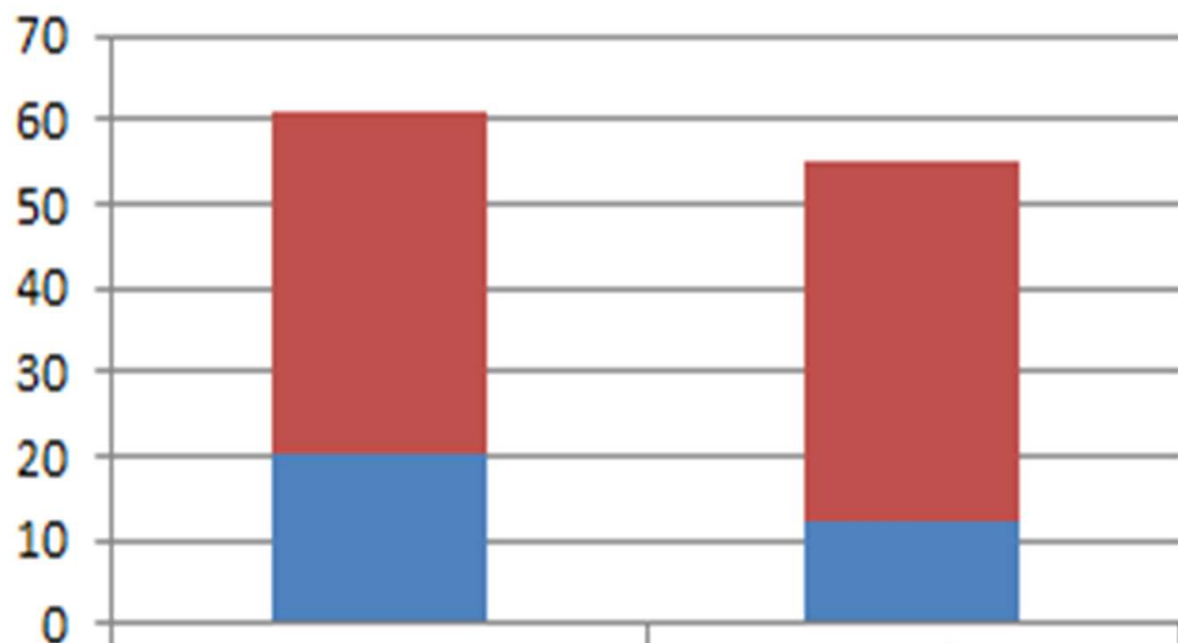
Methodology:

- Quarterly survey for 2 week periods (Jan, April, July, Oct 2019)
- Requires completion of 2 Microsoft excel spreadsheets
 - One for each staff member moved
 - One overall summary sheet
- Disseminated via network lead nurses /manager
- Returned to a central point for input & analysis

Results:

- Responses from 61 units (Jan) and 55 units (April). 'Patchy' areas of response
- No staff moves reported from 20 units (Jan) and 12 units (April)
- A total of 297 requests were made for critical care staff to move to other areas of the hospital in January, as compared with 459 in April
- Total numbers of staff moved were 250 (Jan) and 405 (April)
- Highest number of request take place for night shifts
- There were 35 occasions on which critical care staff were expected to take charge of the ward / clinical area to which they had been moved (April).
- The following charts relate mostly to April survey

Critical Care Staff Moves Survey 2019



■ Number of units reporting staff moves

41

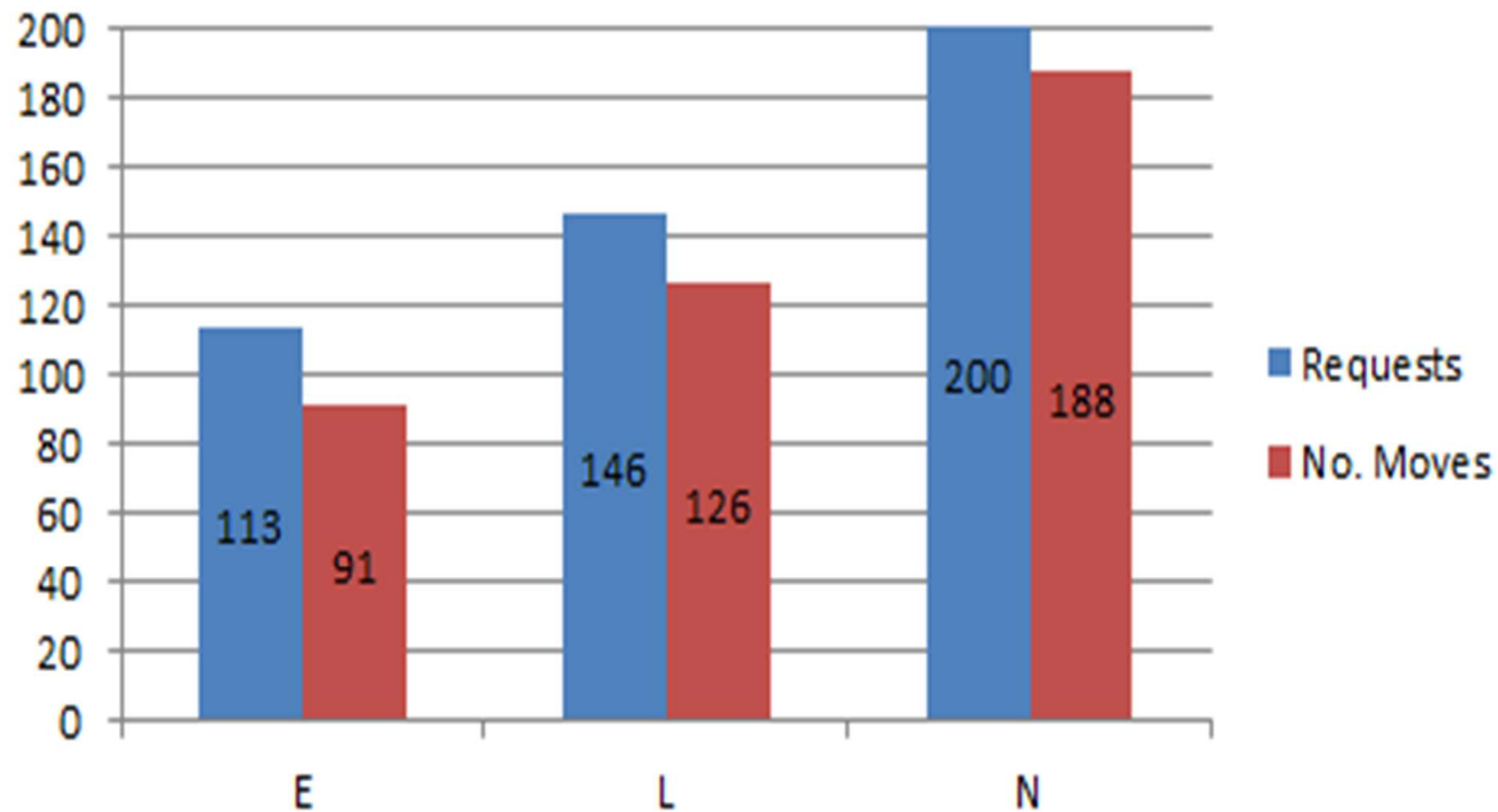
43

■ Number of units reporting zero staff moves

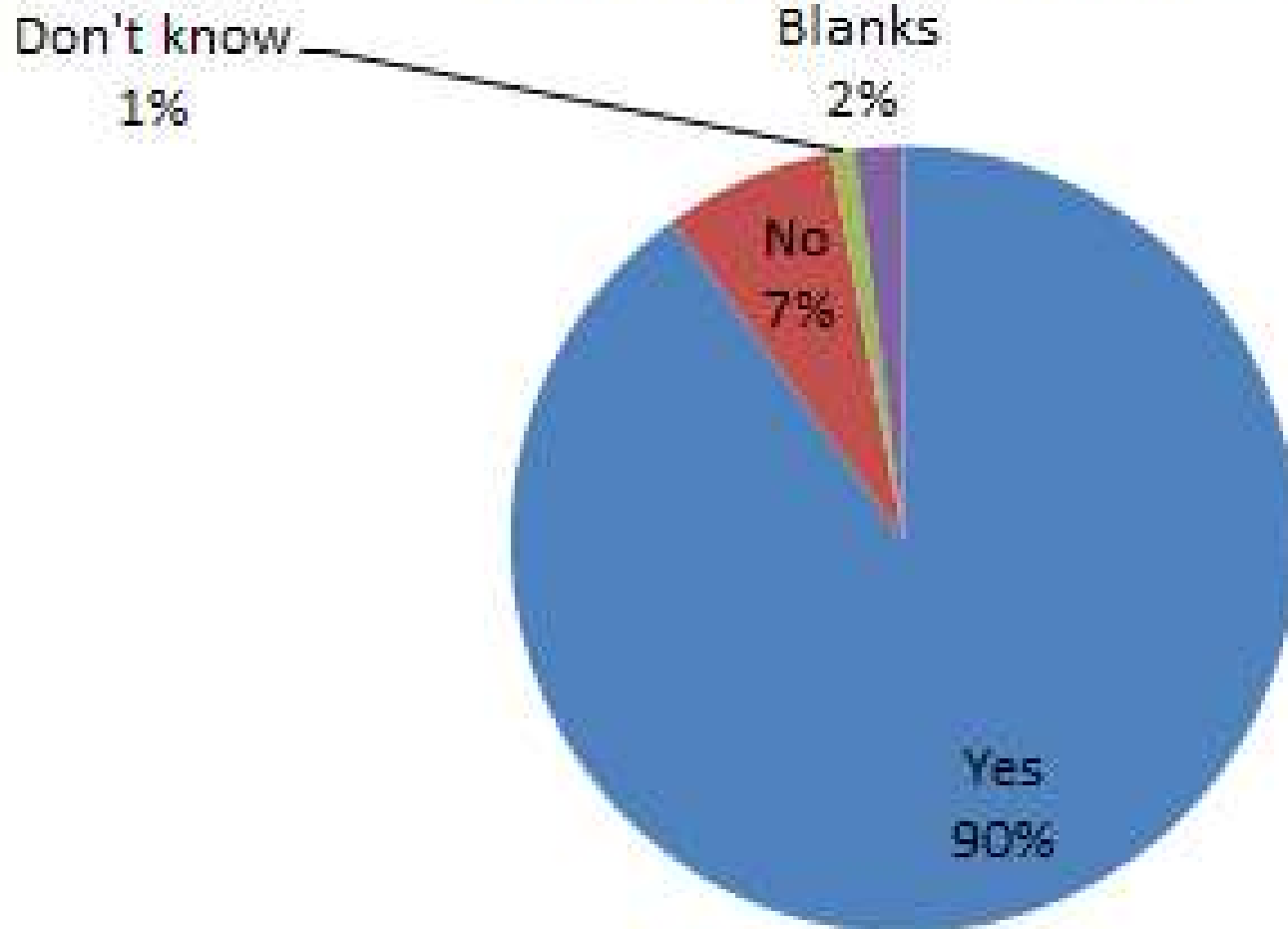
20

12

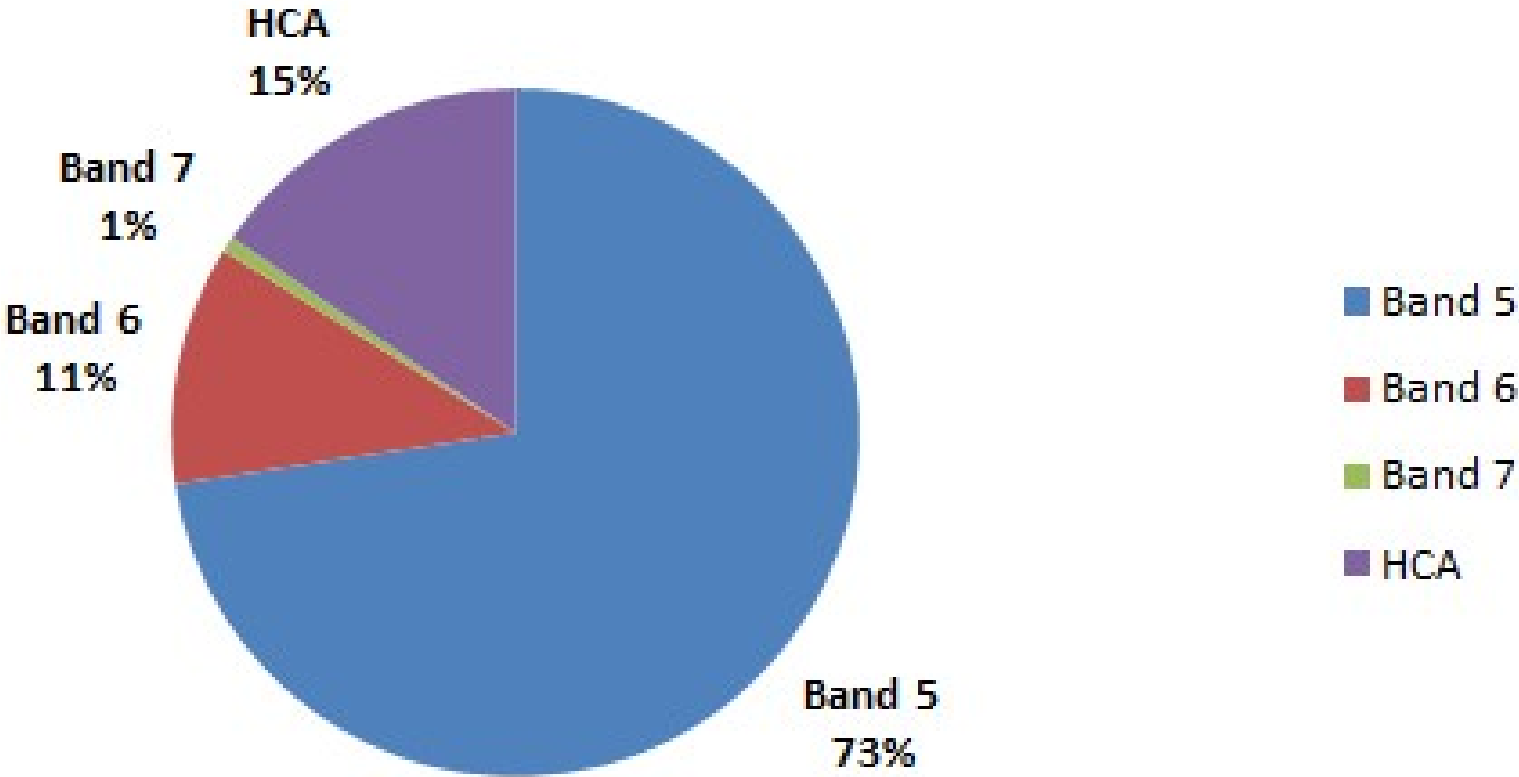
Movement of Staff from Critical Care 15th -28th April 2019

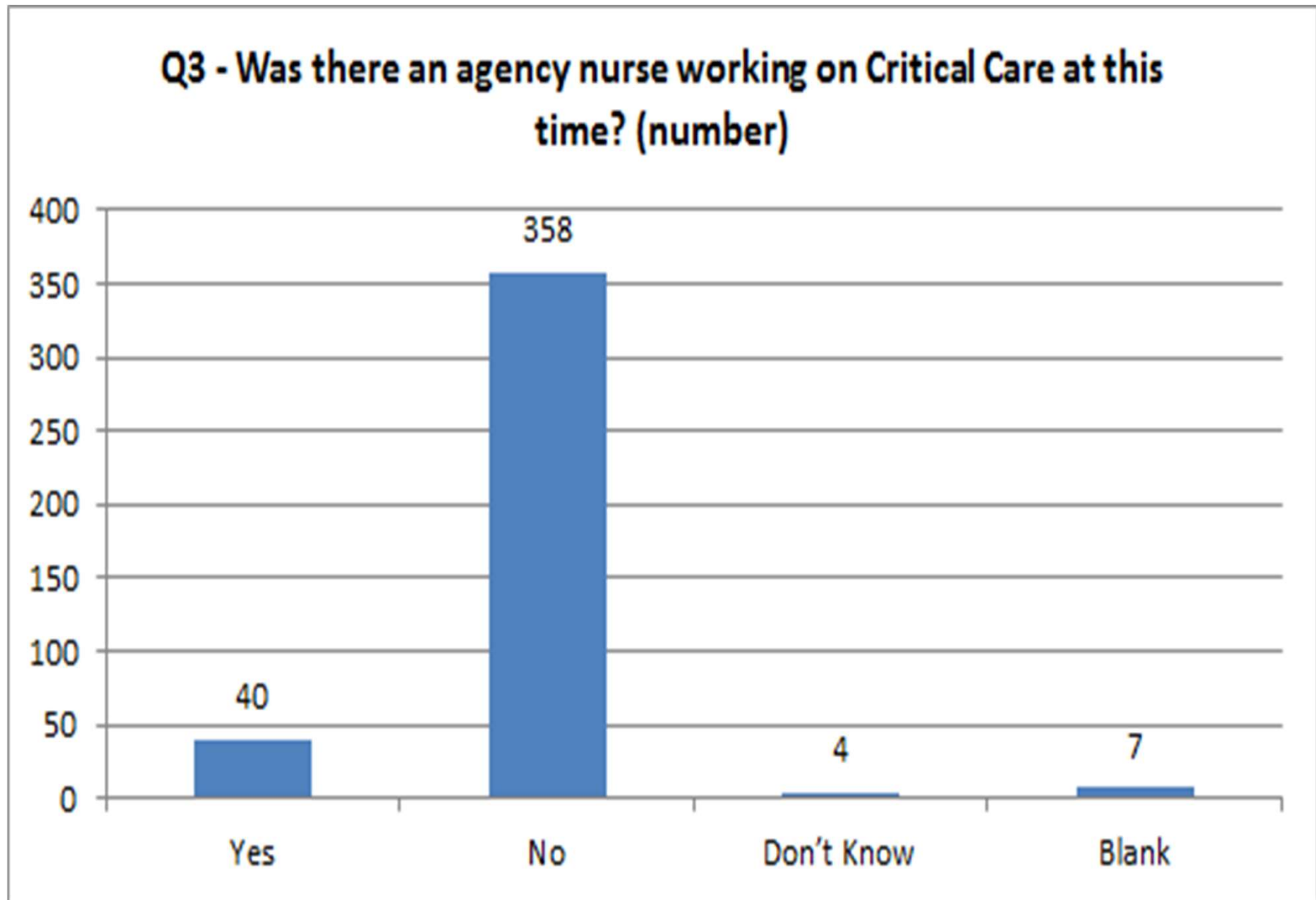


Q1 - Were there staffed beds on the Critical Care Unit at the time of Request?



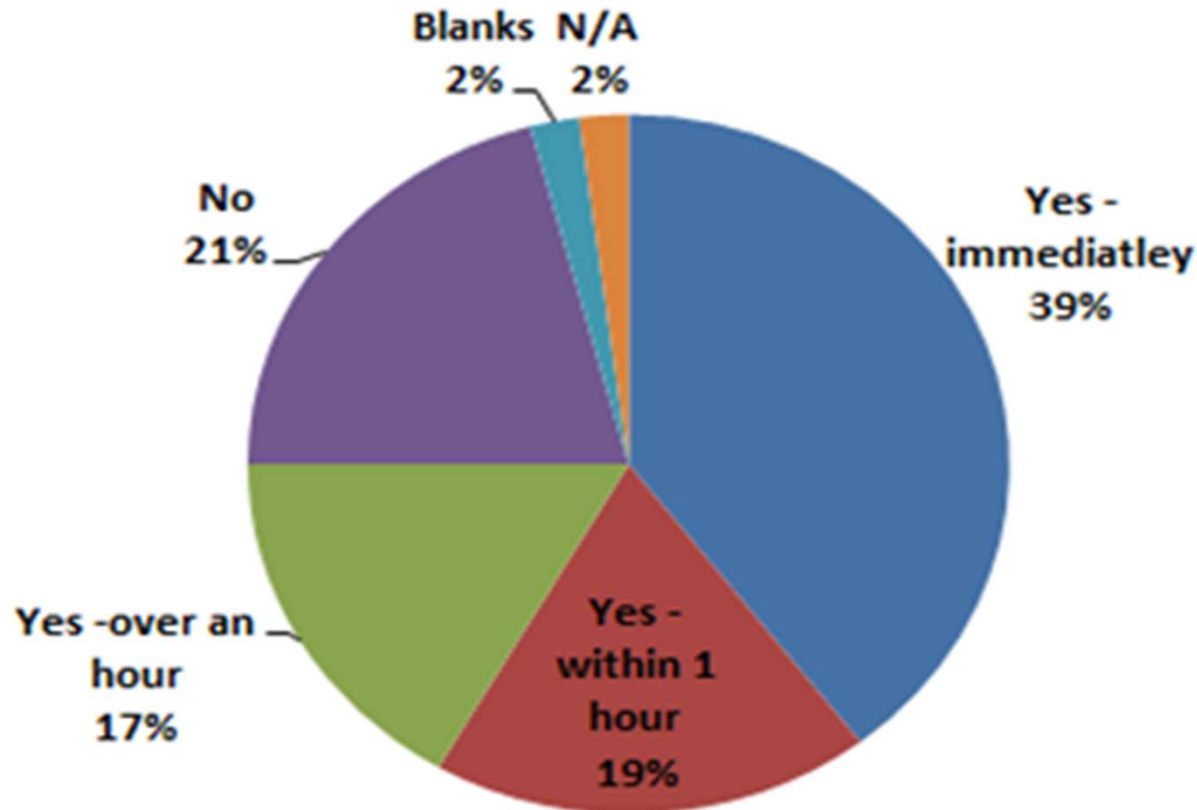
Q2 - Grade of staff moved (%)



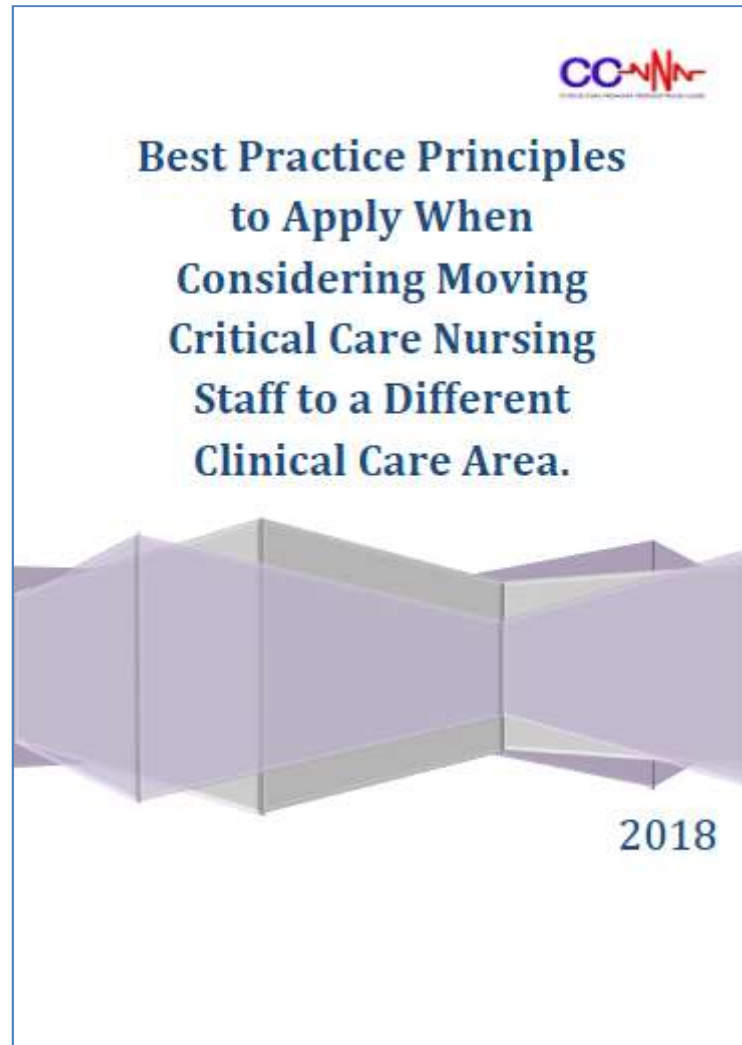


There were 25 instances reported of regular staff being moved to other areas and leaving non regular (agency) staff working on the critical care unit

Q7 - Was the staff member able to return to critical care?

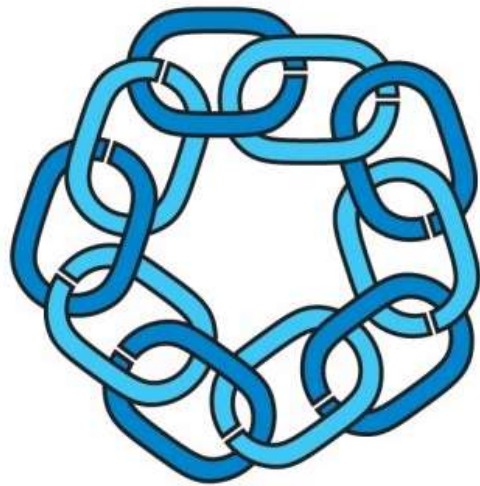


On 48 occasions, the staff were called back to the critical care unit and on 36 occasions they were able to return, although the length of time this took varied. On 10 occasions, the staff were not able to return to the critical care unit and 2 responses were left blank or N/A.



Includes responsibilities for:

- Organisation
- Critical Care Unit
- Individual



UK Critical Care Nursing Alliance

British Association of Critical Care Nurses · Critical Care National Network Lead Nurse Forum (CC3N) · Intensive Care Society · Royal College of Nursing · National Outreach Forum

- Research into factors affecting nurse patient ratios – **SEISMIC**
- Staff moves survey continues
- Critical Care Nursing Workforce survey to be repeated this year

Summary

- Outlined why staff moves occur
- Highlighted the extent of the problem and potential effects on staff & patients
- Nursing groups working (together) to support safe staffing
- Encourage participation in workforce data collection
- Shared / developed tools to support effective decision making
- Future research to support decisions in critical care

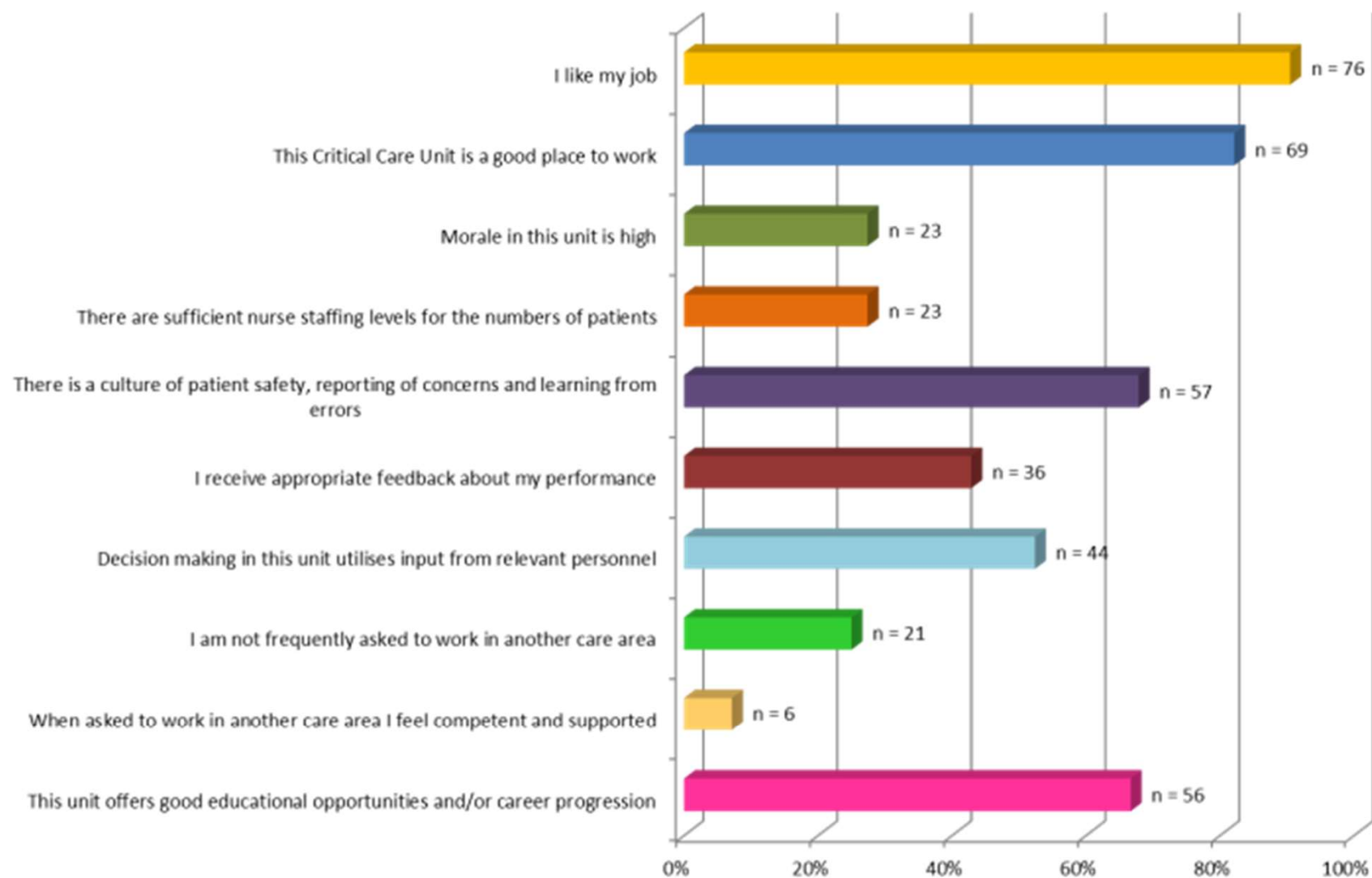
Top Tips.....

Do more of what makes staff stay.....

- Valued (belonging)
- CPD (competence)
- Listen to staff views (autonomy)



Reasons for staying in current role in Critical Care - each respondent selected as many reasons as appropriate



Any questions?



Dates to highlight:

Next staff moves survey dates - **14th – 27th October 2019**

Workforce survey dates –**November 2019**

CC3N Symposium next year – **18th June 2020, The Studio, Birmingham**

Contact:

Website: <https://www.cc3n.org.uk/>

Twitter: @CC_3N

Email: claire.horsfield@lthtr.nhs.uk / j.platten1@nhs.net